Pennsylvania Trauma Systems Foundation 2020

Site Surveyor Orientation Guide

Thank you for agreeing to be a trauma center site surveyor for the Pennsylvania Trauma Systems Foundation (PTSF). We recognize the time, effort and resources on your behalf to make the accreditation process successful, and hope that you find this orientation guide helpful in that process.

Please read this packet carefully. It will prepare you in advance for how the site survey will proceed and serve to familiarize you with the many facets of a process which seeks to ensure that trauma patients are being well cared for at the facility under review. This information will be reinforced during our evening orientation together.

Thank you for sharing your expertise with us as we strive to evaluate and improve trauma care in Pennsylvania's trauma centers. You can be assured that PTSF staff will be attentive throughout the entire process to support your needs in whatever way possible.

Please don't hesitate to call us with any questions; we look forward to working with you. Sincerely,

Amy Krichten MSN, RN, CEN, TCRN
Director of Accreditation
E-Mail: akrichten@ptsf.org
Work: (717) 697-5512, Ext. 103
Cell phone: (717) 577-6138

Darlene Gondell, MSN, RN, CCRN, CNRN, TCRN
Manager of Accreditation
E-Mail: dgondell@ptsf.org
Work: (717) 697-5512, ext. 112
Cell phone: (267) 984-9518

SITE SURVEY TEAM ORIENTATION

Prior to attendance at the Site Survey Team Orientation, it is the responsibility of each surveyor to thoroughly review the institution's Application for Survey (AFS): reference Appendix A for instructions. You will receive access to the AFS approximately one month prior to the scheduled visit.

The evening prior to the first survey day, the survey team will participate in an orientation dinner. The PTSF staff will provide an overview for the survey team that outlines the survey process and the Site Survey Software. This orientation ensures that all site survey visits are conducted in a standardized fashion and provides a forum for any questions to be answered.

NOTE: All survey team members are required to attend the orientation dinner. Dress is business casual unless otherwise advised.

Please inform PTSF staff if your arrival will be delayed by contacting one of our cell phones:

- Amy Krichten   (717) 577-6138
- Darlene Gondell   (267) 984-9518

During the orientation the following information will be reviewed:

- Authority, responsibility and operations of the PTSF

- Team member roles and responsibilities

- Agenda for survey day

- Hospital-specific information, including: trauma registry data, standardized queries, areas for further review, and previous significant issues

NOTE: PTSF staff members are not permitted to share the survey history of an institution unless that history is included by the trauma center in their AFS.

SITE SURVEY CONFIDENTIALITY AND CONDUCT

The credibility of the survey process depends on the consistency, thoroughness, accuracy and objectivity of the survey team and PTSF staff.

CONFIDENTIALITY:

PTSF maintains the confidentiality of all applicant hospitals' status in the accreditation cycle and all information obtained during the accreditation process.

- <u>Do not discuss</u> any information related to the individual hospital with anyone other than PTSF Staff

- <u>Do not reveal</u> the name of, or refer to other hospitals you are reviewing during comments or in response to questioning by other hospitals that you are surveying

- Ask questions; do not make assumptions about the survey process or hospital information and practices. PTSF and hospital staff members are available all day to answer your questions and to assist you in your review

- Engage in dialogue with trauma center staff regarding any unclear or substandard care practices or information you are unable to locate

- Avoid making unnecessary comments and rendering personal opinions

- Avoid discussing your opinion of the appropriateness or intent of the Standards of Accreditation

- Do not spend too much time on one issue, one medical record or linger on the tour

- Be friendly and courteous

CONDUCT:

Surveyors will maintain exemplary standards of professional and interpersonal conduct, including all contact with members of hospital administration and staff and all members of the survey team regardless of whether those persons are directly involved in the hospital survey or consultative visit.

NOTE: While the PTSF encourages open dialogue between survey team members and hospital staff, we also must assure that the day is proceeding in a timely way and will intercede if necessary, to maintain the day's agenda.

ACCREDITATION VISITS

The purpose of the accreditation visit is to determine a hospital's compliance with PTSF Standards of Accreditation. Site surveys are conducted according to the *Adult Level I-III Standards of Accreditation, Adult Level IV Standards of Accreditation* and the *Pediatric Level I-II Standards of Accreditation* (collectively known as the Standards), which are based on the American College of Surgeons guidelines for trauma center accreditation at a minimum.

COMPLIANCE WITH THE STANDARDS IS DEMONSTRATED BY:

- Appropriate and timely clinical management of the trauma patient as documented in the medical record

- Trauma center/system Performance Improvement (PI), use of the PI software, and the integration into the institution's PI program

- Policies, procedures, protocols and patient management guidelines for the clinical and fiscal administration of the trauma program/center

- Education and training of the trauma center personnel in clinical management of the trauma patient

- Integration of the Standards of Accreditation into the operation of the trauma program

MEASUREMENT OF COMPLIANCE IS BASED ON:

- Documentation of appropriate and timely clinical management of the trauma patient

- Demonstration that the trauma PI program identifies, analyzes, and documents information into the PI software, both clinical and systems issues, and incorporates them into the hospital-wide PI program

- Documentation of policies, procedures, protocols, and patient management guidelines

- Interviews with individuals participating in the trauma care system

- Documentation of compliance with Standards as evidenced by the institution's Application for Survey (AFS)

The PTSF Board of Directors (PTSF Board) is the decision-making body regarding trauma center accreditation in Pennsylvania. The PTSF Board utilizes surveyors as its fact-finding team to determine if compliance with the Standards is achieved.

CONSULTATIVE VISITS

Hospitals pursuing their initial accreditation are encouraged to undergo a consultative visit (aka Mock Survey) the year prior to the formal site survey. You will be notified if the hospital you have been scheduled to review is undergoing a consultative visit rather than a formal site survey. The consultative visit mirrors the formal site survey in every respect except:

- The overall feel of the survey is more educational and offers suggestions for further program development and growth

- The number of medical records that are reviewed is reduced to allow adequate time for increased dialogue and education from the site survey team

- The PTSF Board does not make an accreditation determination, although there is surveyor input into the site surveyor software

- Results from the consultative visit are not shared with the formal site survey accreditation team

SITE SURVEY TEAM RESPONSIBILITIES

ALL TEAM MEMBERS

- Complete a thorough patient medical record and PI review based on <u>your area of clinical expertise</u> following the procedures outlined in this orientation packet and as directed by PTSF staff

- Resolve Areas for further review from the AFS

- Comment on the status of Significant Issues identified from the previous site survey

- Make summary comments on the overall trauma program, PI program, and strengths and opportunities for improvement using the supplied template

- Participate in the Leadership meeting. Discuss any substandard clinical practices for which loop closure is either inappropriate or not thoroughly documented in PI records with the trauma program staff. Document these discussions in the site survey software.

TRAUMA SURGEON TEAM LEADER

- Facilitate team discussions during break times

- Participate in and facilitate the physician group meeting

- Participate in the PI review of the overall trauma program

- Lead the Leadership meeting

TRAUMA SURGEON(S)

- Participate in the physician group meeting

- Review content-specific patient care as assigned with focus on PI integration

- Participate in the PI review of the overall trauma program

- Participate in the Leadership Meeting

NEUROSURGEON, ORTHOPEDIC SURGEON, EMERGENCY PHYSICIAN (if applicable)

- Participate in the physician group meeting

- Review content-specific patient care as assigned with focus on specialty issues

- Participate in the PI review of the overall trauma program

- Participate in the Leadership Meeting

REGISTERED NURSE

- Participate in and facilitate the nursing/collaborative team group meeting

- Participate in the focused PI review of the trauma program relevant to nursing and multidisciplinary issues as explained in the institution's AFS

- Participate in the Leadership Meeting

TIME SCHEDULES

You will receive specific time schedules for each institution you will visit. Time schedules vary slightly based on the institution's location or status in the accreditation cycle.

TYPICAL LEVEL I-III TIME SCHEDULE

Time	Activities
6:45 a.m. to 7 a.m.	Survey Team Arrival & Brief Introductions
7 a.m. to 7:15 a.m.	Opening Conference by Trauma Center Staff *PTSF Staff will open and introduce the survey team
7:15 a.m. to 8 a.m.	Physician Group Meeting Nursing/Collaborative Services Group Meeting
8 a.m. to 8:45 a.m.	Significant Issue (n/a for new applicants) and PI Overview Presentation
8:45 a.m. to 9:15 a.m.	Hospital Tour
9:15 a.m. to Noon	Medical Record Review
Noon to 12:45 p.m.	Lunch (Private for Survey Team)
12:45 p.m. to 4 p.m.	Medical Record Review Continues (Requested queries will be reviewed by the surveyor during this time)
4 p.m. to 5:30 p.m.	Private survey team conference/discussion
5:30 p.m. to 6 p.m.	Leadership Meeting

TYPICAL LEVEL IV TIME SCHEDULE

Time	Activities
6:45 a.m. to 7 a.m.	Survey Team Arrival & Brief Introductions
7 a.m. to 7:15 a.m.	Opening Conference by Trauma Center Staff *PTSF Staff will open and introduce the survey team
7:15 a.m. to 8 a.m.	COMBINED MEETING: Physician Group AND Nursing/Collaborative Services Group
8 a.m. to 8:45 a.m.	Significant Issue (n/a for new applicants) and PI Overview Presentation
8:45 a.m. to 9:15 a.m.	Hospital Tour
9:15 a.m. to Noon	Medical Record Review
Noon to 12:30 p.m.	Lunch (Private for Survey Team)
12:30 p.m. to 3 p.m.	Medical Record Review Continues (Requested queries will be reviewed by the surveyor during this time)
3 p.m. to 4 p.m.	Private survey team conference/discussion
4 p.m. to 4:30 p.m.	Leadership Meeting

SITE SURVEY TEAM ARRIVAL

Survey team arrives to meet the trauma program medical director, trauma program manager, trauma program administrators and other trauma program staff. Light refreshments / continental breakfast is provided by the trauma center.

OPENING CONFERENCE

PTSF staff makes brief opening comments and asks survey team members to introduce themselves (name, title, place of employment and any other opening comments you wish to make). Applicant institutions receive a copy of your biographical sketch prior to the site survey day.

The Chief Executive Officer (CEO)/President/Administrator/Trauma Program Administration for the hospital will present unique information about the trauma center that may not be in the AFS. You are welcome to ask questions following the presentation for clarification purposes. This is a brief 15-minute welcome/overview only! The trauma program PI will be discussed in the next meetings.

PHYSICIAN GROUP MEETING AND NURSING/COLLABORATIVE SERVICES GROUP MEETING

Members of the survey team meet with physician and nursing/collaborative services members. The primary goal of these meetings is to obtain information on the trauma team and the interaction among the surgical and non-surgical specialties and the nursing units / services that provide care for trauma patients. A list of recommended hospital participants (approximately 12-15 for each group) has been distributed to the hospital. A member of PTSF staff will also attend these meetings. It is recommended that case scenarios be used as a way of allowing staff to describe how the patient is managed from the pre-hospital environment through the continuum of care.

Do not allow the trauma program medical director/trauma program coordinator to answer all of the questions.

These meetings are facilitated by the Trauma Surgeon Team Leader (physician group meeting) and the Registered Nurse surveyor (nursing/collaborative services group meeting). Please ask all participants to introduce themselves and state their specialty prior to beginning the meeting.

For Level IV centers, this meeting is a combined meeting with all of the participants together. The single meeting is co-managed by the Team Leader and the Nurse surveyor.

Potential Physician Group Meeting Questions:

1. What/how has your specialty changed (trauma clinical practice) since the last site survey?

2. Describe your relationship with the Trauma Service.

3. Describe any major changes (equipment/personnel/responsibilities related to trauma patient care) within your specific department and/or clinical area.

4. What trauma related PI indicators/initiatives were chosen by your department to be monitored?

   a. Why were they chosen?

   b. How is this information tracked and/or trended?

   c. How is this information communicated to the Trauma Service and the other areas of the institution?

5. Describe the development of a clinical treatment plan for a specific type of trauma patient, for example:

   a. A spinal cord injured patient and the working relationship between the trauma service, neurosurgery, orthopedics and rehabilitation,

b. The decision to transfer a severely injured pediatric trauma patient (who makes the decision, clinical criteria that is utilized to make the decision, and the role of the trauma surgeon/emergency medicine/pediatrician),

c. A complex pelvic fracture and the working relationship between trauma service, emergency medicine, orthopedics, radiology, or

d. The clinical management of the trauma patient's airway and the working relationship between emergency medicine, resident staff, anesthesia, advanced practitioners and the trauma service.

6. Describe the relationship with the various EMS agencies for example:

a. How clinical information is communicated to the trauma center,

b. How clinical and system performance improvement information is shared,

c. Describe the "latest" clinical issue that required additional education for a specific EMS agency/provider,

d. The role of medical command within the region.

7. Describe the development of a clinical treatment plan for trauma patients in the Intensive Care Unit, for example:

a. Ventilator management,

b. The role of the ICU service and the relationship with the Trauma Service,

c. The role of the 1st responder and what clinical scenario requires the physical presence of an attending trauma surgeon

d. If a trauma patient has an elevated ICP, who is the first person to receive a phone call and how is this trauma patient "managed" (i.e., 1st responder, trauma resident, attending trauma surgeon, neurosurgical resident, and/or the attending neurosurgeon).

8. Describe the most recent clinical and/or system issue(s) that was identified and resolved by the (your specialty) performance improvement process.

Potential Nursing / Collaborative Services Group Meeting Questions:

1. What/how has your clinical area/unit changed since the last site survey?

2. What has your department/clinical area/unit done to resolve a specific significant issue?

3. Describe your interaction with the Trauma Service.

4. Describe your interaction with the various ancillary department(s) that provides care and treatment for the trauma patient (PT/OT/speech/social work/ nutrition/pharmacy).

5. Describe any major changes (equipment/personnel/responsibilities related to trauma patient care) within your specific department/clinical area/unit.

6. What trauma related PI indicators were chosen by your department/clinical area/unit to be monitored?

   a. Why were they chosen?

   b. Who collects the information?

   c. How is this information tracked and/or trended?

   d. How is this information communicated to the Trauma Service and the rest of the institution?

   e. Who is responsible for communicating this information?

7. Describe any multidisciplinary PI related activities that occurred since the last site survey.

8. Describe the last "major" clinical and/or system issue that affected trauma patient care in your specific department/clinical area/unit.

SIGNIFICANT ISSUE REVIEW/PERFORMANCE IMPROVEMENT REVIEW

Immediately following the physician and nursing/collaborative services group meetings the survey team will review the Significant Issues from the previous site survey. This is typically via a PowerPoint presentation by the trauma team. The surveyors will review pertinent information/data/documentation and/or discuss the issues with hospital staff.   Information should be available that will show the review, corrective action, improvement and resolution status of the issue. The issues are assigned to the surveyors according to clinical specialty for comment in the site survey software, although group consensus will be discussed.

After the Significant Issue presentation, the trauma program will present their Performance Improvement Process. Typically, this includes the levels of review, required meeting structure and attendance, and highlighted PI initiatives.

HOSPITAL TOUR

The purpose of the tour is to acquire an overall sense of the geography of the institution or the distance from one area to another in relation to the flow of the trauma patient through the institution in preparation for the medical record review. Be prepared to provide specific directions to your tour guide.

Recommended Tour Route (3-member team)

Trauma Surgeon Team Leader	Operating Room & Emergency Department
Trauma Surgeon	Emergency Department, Radiology/CT, Intensive Care Unit
Registered Nurse	Medical/Surgical Unit, Emergency Department and Helipad

Recommended Tour Route (2-member team)

Physician Team Leader	Both members start in the Emergency Department then the Physician tours the Radiology/CT and the RN tours the Medical/Surgical Floor
Registered Nurse	

Recommended Tour Rout (4-member team)

Trauma Surgeon Team Leader	Operating Room, Emergency Department, CT
Trauma Surgeon	Emergency Department, Intensive Care Unit
Neurosurgeon, Orthopedic Surgeon or Additional Trauma Surgeon	Intensive Care Unit, Radiology/CT, Emergency Department
Emergency Physician	Emergency Department, Radiology/CT, Helipad
Registered Nurse	Medical/Surgical Unit, then work backwards though the patient care flow system

The tour is most beneficial when you "walk and talk." This is an excellent opportunity to talk with staff members in the clinical areas to determine their roles in the trauma program.

Hospital staff members know that you may not have time to stop in every unit or be introduced to each staff member on the units you visit. <u>Please, feel comfortable to state when it</u> is time to move on to the next area.

Stay with your assigned tour guide. Maintain the time schedule when touring and report to the room designated for medical record review at the designated time. If you run late and it is necessary for PTSF staff to have your tour guide paged, please return immediately.

MEDICAL RECORD REVIEW

The review of medical records, abstraction of information and data entry into the site survey software occurs during this time.   The site survey software is equipped with automatic skips, drop-down menus and downloaded information taken from the Pennsylvania Trauma Outcome Study (PTOS) database. The hospital is required to provide each surveyor with two computers: one to access the PTSF web-based site survey software and a second to access the electronic health record. The hospital is also required to provide each surveyor with a medical record chart navigator. This hospital employee is asked to spend the entire time with you (for HIPAA/confidentiality purposes). Typically, the staff member is a registrar.

Please be sure to ask questions and seek clarification when reviewing medical records. Issues you identify that were not identified by the trauma program must be discussed with the trauma program leadership: Trauma Program Medical Director or Trauma Program Manager.

Hospital staff are always present to ensure that all the information the site surveyor team requires is readily available.

Medical Record Selection Criteria

Purpose:
PTSF staff will ensure you review an adequate mix of all types of cases. If medical record reviews are conducted and problematic areas are identified, you may request charts from PTSF staff based on injury type.

A computer-generated list of cases will be selected from the PTOS database.

Records will be selected according to the type of Accreditation Survey:

- Accredited Trauma Center with Two- or Three-Year Accreditation: January 1st (previous year) through date of survey
- Trauma Center with Provisional Accreditation (defined as first year after accreditation): October 1st (previous year) through date of survey
- Trauma Center with One-Year Accreditation: October 1st (previous year) through date of survey with focus on January 1st through date of survey (within current year)
- New Applicant: January 1st (current year) through date of survey

The cases selected typically meet the following criteria:
- ISS > 13, RTS < 7.56
- All ages (typically limit >95)
- Deaths, Transfers into or out of the institution
- Burns
- Occurrences (complications)
- ICU length-of-stay, selecting either ICU length-of-stay >2 times the institutional average or >2 times the PTOS average, whichever is greater
- TRISS unexpected death or TRISS unexpected survivor

Approximately 10 cases per surveyor will be selected using the aforementioned criteria. PTSF staff will ensure an adequate distribution of body system/organ injuries.

Site Surveyor Medical Record Documentation

The rating scale for the medical record review consists of:

1. Acceptable
2. Acceptable with reservations
3. Unacceptable

Comments are *required* for all responses noted "acceptable with reservations" and "unacceptable." However, do not limit comments to issues with these two classification results. Comments are strongly encouraged, including positive remarks. It is necessary to provide objective comments that are clear, concise, thorough—and based on facts identified in the medical records and hospital documents.

The PTSF Board relies on the site surveyors' reports to provide accurate, descriptive information regarding the applicant hospital and the documents reviewed. Since they (PTSF Board) do not have the actual documents and medical records to refer to during their meeting, please be sure your comments provide a complete, understandable and accurate description of the situation, especially when reviewing trauma related deaths.

Because the Accreditation Reports are written using the site surveyors' reports and comments, it is extremely important for your comments to be clear and provide sufficient detail to be accurately understood.

- If you make an error or wish to change a response, please make the changes directly in the site survey software

- Do not use abbreviations that are not common to your field of practice nationally

- Document discussions with the trauma program leadership with regards to substandard clinical practices for which loop closure is either inappropriate or not clearly documented in PI records

Because all information presented to the PTSF Board needs to be blinded, please use titles rather than names as appropriate

Rather than:	Use:
Dr. Smith	"Trauma program medical director" or "TPMD"
Lisa or Frank	"Trauma program manager" or "TPM"
Life Lion	"Helicopter program"
Philadelphia	"This area or this location"

PTSF staff will review ALL site survey documentation and will ask the site surveyor to clarify any

unclear documentation.

Review of Medical Record

The front of each Patient PI record will have a cover sheet. This cover sheet contains basic information related to the patient, (for example, cause and type of injury, dates/times), and general demographic information. This information should be utilized as a screening tool in order to ensure that you review a wide variety of patient types and levels of injury. If you do not want to review that specific medical record, just put it down and pick up the next medical record. There will always be several medical records from which you can select.

NOTE: If you review a medical record and determine that another surveyor should review the same record, discuss this with PTSF staff. A process to incorporate a second review of that medical record has been developed.

If you wish to review a specific type of medical record, (for example: spinal cord injuries; penetrating injuries; patients that go from the ED to the OR), discuss this with PTSF staff. A process to identify specific medical records that the surveyor wishes to review has been developed.

LUNCH

The survey team will have lunch at the institution in a private room. This will be one of the first opportunities for the survey team to meet in private to discuss the survey day. Lunch will be served; surveyors will have an opportunity to talk among themselves and with PTSF staff and to take a brief break from the survey day. This is a "working lunch" and PTSF staff is prepared to provide guidance for structuring the afternoon. This could include, for example, the request for additional information, medical records, facility interview(s) and Registry reports/information.

MEDICAL RECORD REVIEW CONTINUES AFTER LUNCH

SURVEY TEAM CONFERENCE/DISCUSSION

This closed meeting is for the survey team to prepare for the Leadership Meeting. Only site survey team members and PTSF staff will be present.

The survey team conference is for the team to develop questions for the Leadership Meeting and to determine if any other information is needed in order to complete the surveyor report(s). The team leader will determine the order in which each surveyor will speak during the Leadership Meeting.

Surveyors are asked to complete the final sections of the survey software. Specific center identifiers MUST NOT be used!

1. Overall impression of the trauma program (as applicable) such as:

    a. Commitment by the institution's Board of Directors, administration, medical staff, and nursing to treat trauma patients and have adequate resources

    b. Capacity to care for adult and pediatric major single system and multi-system trauma including adequate surgical and ICU capabilities

    c. Attending Trauma Surgeon participation in major therapeutic decisions and presence in the ED for highest-level activations

    d. Attending sub-specialist participation in decisions related to specialty and appropriateness of response time when consulted

    e. Use of clinical management guidelines

    f. Resident Supervision

    g. Use of Advanced Practitioners

2. Overall impression of the performance improvement program such as:

    a. Effectiveness of concurrent and retrospective review of trauma patients

    b. Integration into the institution's overall PI program to include reports to the governing body

    c. Institution resources to support the trauma PI program

    d. Trauma medical director role in PI forums

    e. Monitoring of compliance with patient management guidelines

    f. Education provided based on findings from the PI process

    g. Discussion on the appropriateness of the following areas of PI:

        i. Problem Identification

        ii. Problem Discussion

            1. Problem Analysis

            2. Preventability / Opportunity for Improvement

        iii. Action Plan

            1. Implementation

        iv. Loop Closure/Re-evaluation

    h. The use of POPIMS/Pa V5 Outcomes as a PI documentation tool

    i. Use of examples of peer review and system issues identified or not identified by the institution found during medical record review.

3. List of strengths and opportunities of improvement.

    a. Include all of the strengths and areas for improvement identified from opening conference, physician and nurse meetings, hospital tour, medical record review, queries, and discussions with the institution's trauma team. These strengths and opportunities should be based on the PTSF Standards of Accreditation.

4. Significant Issues summary (as assigned)

5. Comments on queries or additional details as assigned

CLOSING LEADERSHIP MEETING

PTSF staff will begin the meeting with some very brief comments and then turn the meeting over to the team leader who will facilitate the discussion. This discussion should be a candid discussion of the events of the day. The participants will be reminded that the PTSF Board has ultimate authority and decision on the accreditation determination, the length of that determination and the content of the final report. The discussion in this meeting is the OPINION of the survey team and not the final outcome!

ADJOURNMENT

The survey team and PTSF staff will depart the facility. In some circumstances, the team will be transported to the airport/hotel for travel home. In other circumstances, the team will drive to the next location to do the process again at the next facility!

REVIEWING SIGNIFICANT ISSUES

A Significant Issue is an item/issue that the PTSF Board agreed was a significant deficiency during the institution's most recent site survey. Institutions are required to develop an action plan in response to each Significant Issue. This action plan should include historical data to further define and determine the cause of the Significant Issue, interventions or actions that will be taken to improve or eliminate the Significant Issue, institution-developed timelines for resolution of the Significant Issue, internal and external benchmarking data (as appropriate) to show improvement and resolution of the Significant Issue. The Significant Issue(s) and the action plan are provided in the institution's AFS.

Performance Improvement data MUST be available to demonstrate the resolution of Significant Issues on the day of site survey through an action plan. Each site surveyor should be well-versed regarding each Significant Issue and action plan(s).

The site survey team MUST be able to determine that actions specifically designed/implemented by the trauma program and/or institution have resulted in demonstrable positive changes/improvements. However, it is also noted that some Significant Issues are extremely difficult and may take an extended period of time before resolution is finally achieved. In these situations, demonstration of positive progress toward issue resolution (appropriate modifications/evaluation/utilization of resources to incorporate appropriate change) is acceptable.

There is a lack of resolution for a Significant Issue if:

- **NO** activity has occurred

- **NO** resources have been allotted to effect change

- **NO** trended data is available

- **NO** use of registry data

- **NO** acknowledgment of the Significant Issue has occurred

- **NO** objective evaluation of the Significant Issue, root cause and activities to eliminate the problem, can be demonstrated

SITE SURVEY SOFTWARE

PTOS REGISTRY INFORMATION

When a data field and/or text are in **blue,** this indicates the information has been entered by the hospital and "downloaded" via the PTOS Registry. This data cannot be changed or altered and is for informational purposes only. If you find information during your medical record review that contradicts downloaded PTOS Registry information, please use the "Additional Comment" field related to that specific phase of care.

The first several screens contain downloaded PTOS information, such as demographic information (age/cause of injury/emergency department admission date/GCS on admission/total ICU days/ discharge destination), complications, operative and non-operative procedures (coding) performed during resuscitation, and the final anatomical diagnosis(es).

MEDICAL RECORD REVIEW

Rating the Phases of Care: Each phase of care contains a rating and additional comment section. A rating for that specific phase of care is required when the trauma patient experiences that specific phase of care.

The rating scale is:
1. <u>Acceptable</u>—there is no question that the clinical management was appropriate,
2. <u>Acceptable with Reservations</u>—there is marginally acceptable clinical management or interventions,
3. <u>Unacceptable</u>—there is no question that the clinical management deviates from the established standards of appropriate clinical care.

If the phase of care is graded as "1—Acceptable," the surveyor can select "No Q/I/D Comments" and this area will be skipped; **however, positive comments or comments that will allow the PTSF Board some insight into care are encouraged**. The next section that appears is the "Additional Comments" field. Any time a phase of care or the summary assessment is rated as a "2—Acceptable with Reservations" or "3 –Unacceptable," <u>comments are required</u>.

NOTE: Comments must provide specific information related to that phase of care. The goal is to provide quality information to the PTSF Board to assist in the deliberation process.

Q/I/D Summary Comments:

Each phase of care contains a summary rating section that is divided into four areas. This is referred to as the "Q/I/D (three areas) - Additional Comment (one area)" screen. Your comments, related to ratings of 2 and 3, must be placed within three distinct areas. They include:

- <u>Q</u>uality of Care—the ability to provide quality trauma care (conforming to institutional, national, and recognized trauma care standards) BASED on the patient's clinical status
- <u>I</u>mmediacy of Care—the ability to provide appropriate TIMELY clinical trauma care (such as evaluations, tests, procedures) BASED on the patient's clinical status
- <u>D</u>ocumentation of Care—the ability to demonstrate an accurate, written medical record and process that reflects clinical findings and overall trauma patient care
- <u>Additional Comments</u>—is a field provided for any other pertinent information that the surveyor deems important to this specific phase of care and/or medical record

When any phase of care or summary assessment is rated as a "2 or 3" the surveyor should select the appropriate field(s) (Quality, Immediacy, or Documentation), and enter comments.

<u>NOTE</u>: SITE SURVEY SOFTWARE has been structured and the PTSF STRONGLY encourages all surveyors to place positive comments and specific details that give the PTSF Board insight into care in the "Q/I/D - Additional Comment" screens.

AUTOMATIC SKIPS

The Site Survey Software has been programmed with automatic skips. For example, if the trauma patient goes from the Emergency Department to the Intensive Care Unit (post Emergency Department destination), the perioperative section of Site Survey Software will be "skipped." If neurosurgery is <u>NOT</u> involved in the care of the trauma patient, the section related to neurosurgical trauma care will be "skipped."

Each specialty has been programmed to skip portions of Site Survey Software. The auto skips occur in response to the individual trauma patient/phases of care, and your response to questions.

The procedure for opening a record in the survey software will be reviewed with you on the day of survey.

SAVING A RECORD

The save options are located at the top right of the trauma record window.

- Select **[Save]** to save the current trauma record without exiting the record

- Select **[Save/Exit]** to save the current trauma record and exit the record

- Select **[Cancel]** to exit the record without saving changes. The **Confirm Cancel** screen will open. Select **[OK]** to confirm the cancel without saving. Select **[Cancel]** to remain in the current trauma record.
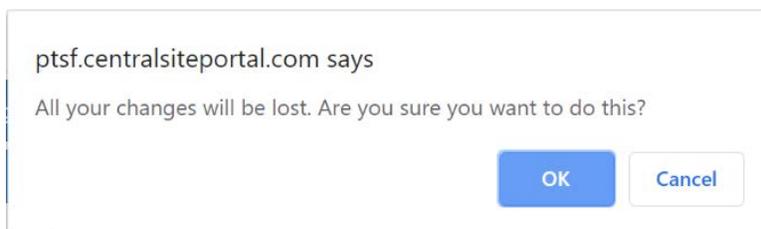
ptsf.centralsiteportal.com says

All your changes will be lost. Are you sure you want to do this?

OK   Cancel

3. If the check failed the [Check] button will turn red, indicate the number of failed checks and the **Check Results** screen will open. The **Check Results** screen lists all failed checks within the current record.
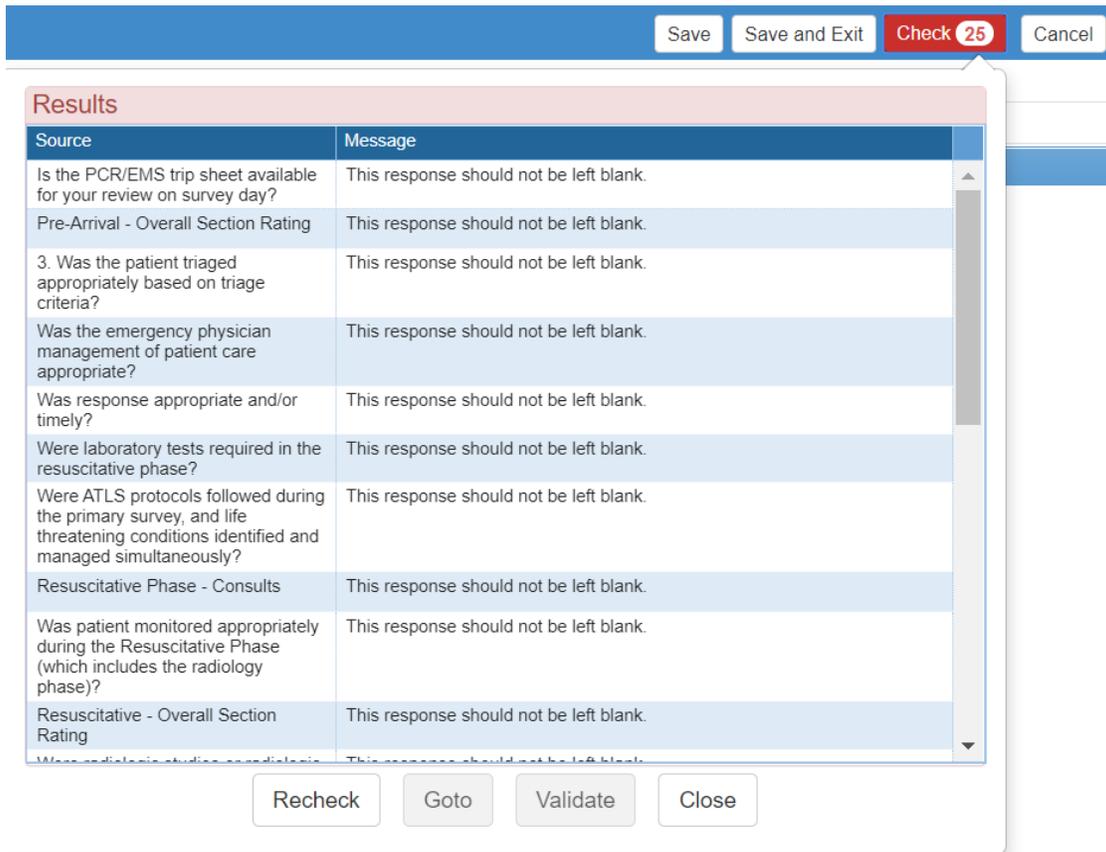
4. To correct the data, follow these steps:

    a. Select to highlight the specific failed check on the **Check Failure** screen. Then click on the [Goto] button. OR Double click on the specific failed check.
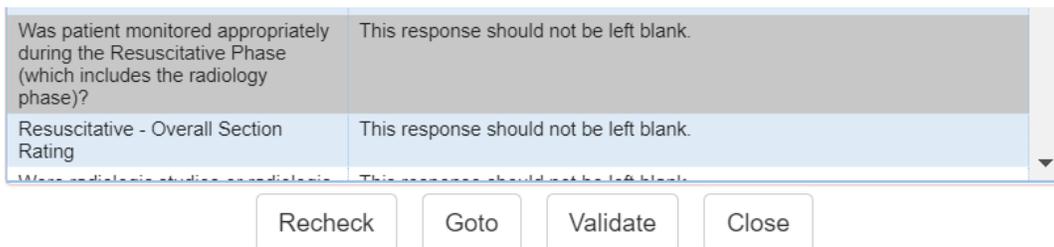

    b. The user will be taken directly to the incorrect field, where the data entry error can be corrected.

    c. Return to the **Check Failure** screen and select the [Recheck] button. The check is removed once the data correction meets the validation requirements.

d. Users also have the option of validating some data checks. When a user validates a data check, the user reviews the data in the field and approves the quality of the data.

e. To validate a data check, select the specific failed check on the **Check Failure** screen. Click the **[Validate]** button. The **Confirm Check Validate** screen will open. Select **[Yes]** to validate the check. Select **[No]** to not validate the check.

f. Once all check issues are resolved, the **[Check]** button will turn green.

g. Select the **[Save]** or **[Save/Exit]** button to save the validated record. The record status will now update from Active to Closed. The closed record status indicates that checks have been performed and validated on the current record.

APPENDIX A: APPLICATION FOR SURVEY

1. Go to https://ptsf.centralsiteportal.com. Be sure there is an "s" after the "http". It is accessible from any internet browser, including mobile browsers, except Internet Explorer.

2. On the portal screen enter your User ID, Password and Facility ID. All of these will be provided to you by PTSF. Your Facility ID should match the facility ID of the facility you are surveying.
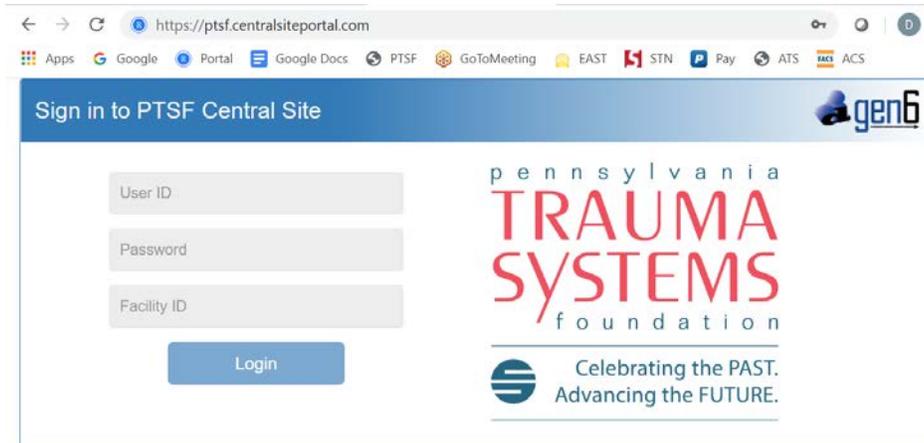

3. Click on the Login button

4. Click on **Registries**
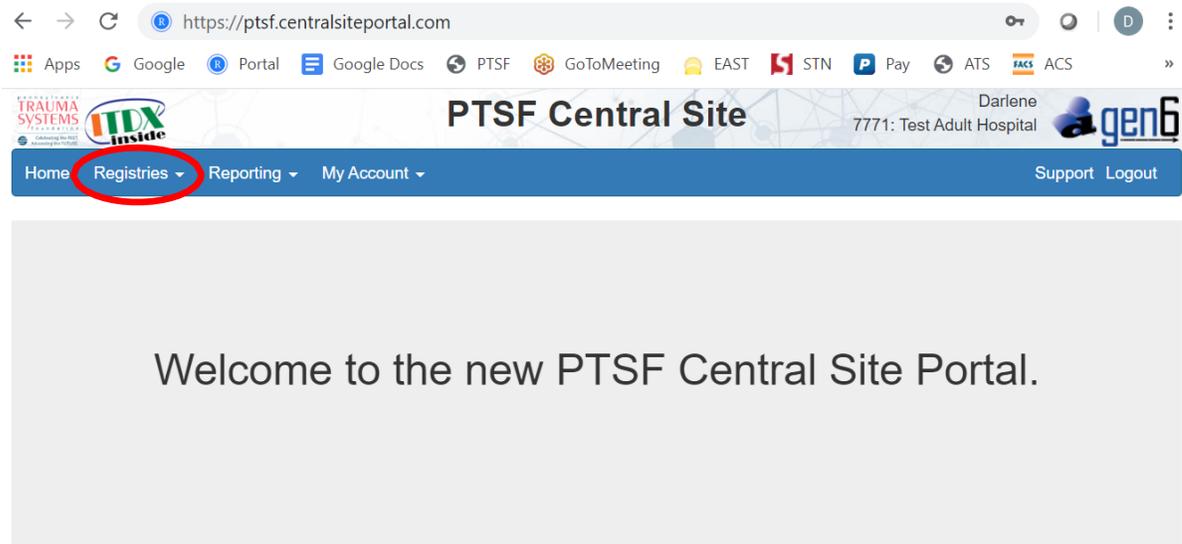
5. Select **Application for Survey** from the dropdown
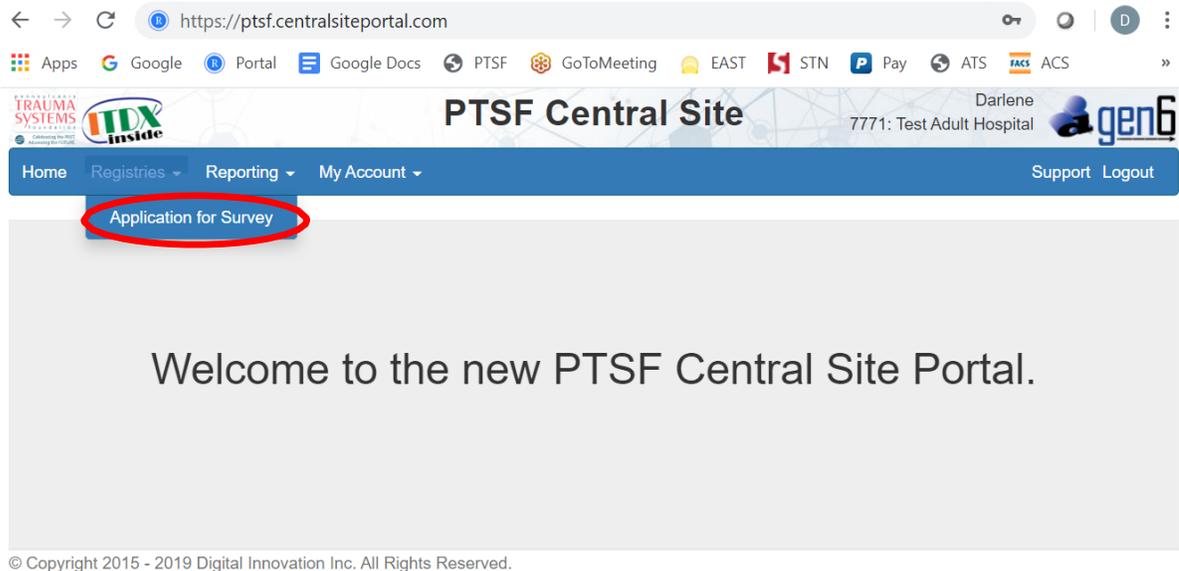
6. The facility's **Application for Survey** will open. The Application for Survey is separated into 30 sections comprising of the Trauma program Overview, each Standard from the PTSF Standards of Accreditation, and a Clarification Form. The facility completed each of the 29 sections and enters clarifications requested by the PTSF in the Clarification Form section.

   To open and review a specific section, click the View [icon] button in the desired section's row.
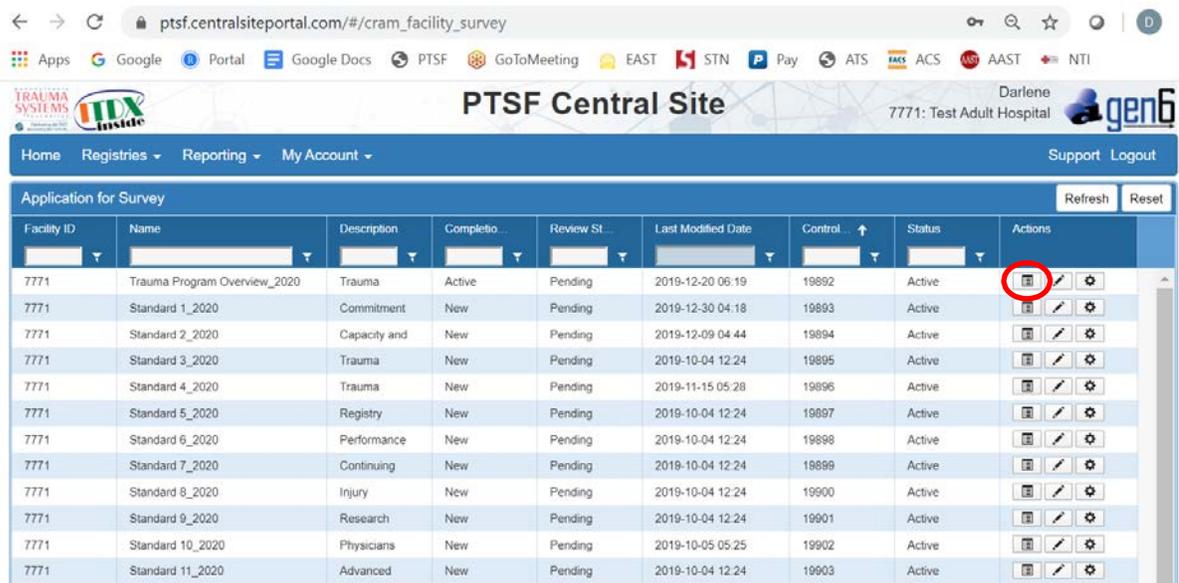
Note: PTSF staff will review the AFS in its entirety and submit any questions to the trauma center. The trauma center will have 2 weeks to clarify the questions. After the clarification period PTSF staff will review the answers one more time prior to allowing access of the record to the site survey team.

PROCESS TO ACCESS ATTACHMENTS IN THE AFS

Each section may have multiple attachments that you should open and review. There are two ways of accessing these attachments in order to review them.

1. Some questions will have a **[View]** button next to them noting that there is a required attached document for that question. Clicking on that **[View]** button will open it. Some browsers will require another step, i.e. box opening and asking you whether you want to open or save it, prior to opening the attachment.
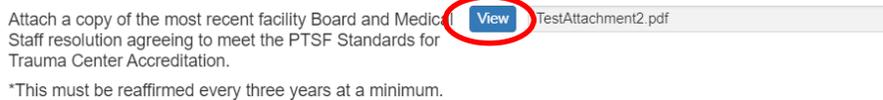
2. Each section will have an "Additional Attachments" tab where some documents have been attached.

Within this tab the attached documents will be listed.

Click the **[View]** button 👁 on the left side of the row of the attachment you want to view.

PROCESS TO PRINT STANDARDS AND/OR ATTACHMENTS IN THE AFS

It is not possible to print the entire application as one document from the AFS. However, printing of attachments and sections individually is possible.

Printing and/or Saving the Section only:

Create a PDF document of a section of the AFS. The document will contain contents from every tab in the section, including the Additional Comments and Additional Attachments tabs.

- Open the section/standard in either view mode or edit mode

- Select the Printer icon located on the top right side of the screen

- After selecting the Printer icon, the following Print screen will open

- On the Print screen, review and set the following print related options:

- **Page Orientation:** Select Portrait or Landscape from the drop-down menu. Portrait is the orientation for the majority of the standards. Landscape is the orientation required for Standards 5, 10, 14, 18 and 20 – ensure printing is set to Landscape for these Standards.

- **Headers:** Select Every Page or None from the drop-down menu. Every Page is the default.

  Headers will include the Standard number and title and will appear at the top of each page if selected. Example is shown below:

- **Include Table of Contents**: Check the box for a Table of Contents for the standard to appear on the first page of the document. By default, Include Table of Contents is checked for each standard. Example of the Table of Contents page is shown below:

- **Expand Grid Forms**: Check the box for all the data/contents in the grid (table) to appear in the document. By default, Expand Grid Forms is checked for each standard. Example of an expanded grid is shown below:

- Select the **Print** button

- A PDF document will open on the screen.

- Depending on the browser, a text box may first appear on the screen. Follow the prompts to open the PDF document.

- If a Table of Contents appears, you can click on the section title or page number to go directly to that page of the document

- Save and/or print the PDF document as needed.

Note: Attachments will have the file name of the attachment in the PDF document and will not be open for viewing when printing/saving a Standard. Attachments for individual questions are listed with that question. The additional attachments are listed at the bottom of the document.

2.	Attach a copy of the PA Department of Health License.	TestAttachment5.pdf

Printing and/or Saving an Individual Tab only:

Create a PDF document of an individual tab within an AFS section/standard.

- Within the section/standard, right click on the tab name you wish to print.

- Next, select Print.

Standard 16 - Emergency Department

Emergency Department   Additional Comments   Additional Attachments

Print

- The print screen will open. Follow the instructions from the previous instructions to print and/or save the PDF document.

Printing and/or Saving Attachments only:

Open the section/standard and locate the attachment.

- Individual question attachments are within the question's tabs

2.	Attach a copy of the PA Department of Health License.	View	Replace	Delete	TestAttachment5.pdf

- All other attachments can be located in the Additional Attachments tab

Attachment	File Name
👁 View	TestAttachment1.pdf

- Select the [View] button next to the attachment

- Depending on the browser, a text box may first appear on the screen. Follow the prompts to open the PDF document.

- The PDF document will open on the screen

- Save and/or print the document as needed